



BACKGROUND INVESTIGATION QUESTIONNAIRE

Instructions

- Type or legibly print your answers in ink. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
- If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx." or "Est."
- Any changes that you make to this form after your sign it must be initialed and dated by you.
- If you need additional space, use a continuation sheet. Each blank piece of paper you use must contain your name at the top of the page.
- Please sign this form in the area provided at the bottom of page 3 of this form.

Note: The Office of the Chief Financial Officer conducts background investigations to establish that applicants or incumbents employed by the District of Columbia government are suitable for the job. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide and to make your comments for the record.

Your first name, middle initial, last name

Your social security number

Position and Grade

Your date of birth (MMDDYYYY)

OCFO Agency

Your work phone

Your home phone

OTHER NAMES USED

Give other names you used and the time you used them; for example, your maiden name, name(s) by a former marriage or former names. If the other name is your maiden name, put "nee" in front of it.

Name used-first name, middle initial, last name

Used month/year to month/year (MMYYYY)

Name used-first name, middle initial, last name

Used month/year to month/year (MMYYYY)

YOUR POLICE RECORD

1. In the last 7 years, have you ever been arrested for, charged with, or convicted of any offense(s)? YES ☐ NO ☐

- Do not include anything that happened before your 16th birthday.
- Leave out traffic fines of less than \$150, unless the violation was alcohol or drug related.
- If you answered "YES," explain your answer(s) in the space provided. If necessary, provide additional information on a separate sheet and attach it.

Month/Year
(MM/YYYY)

Offense

Action Taken

Law Enforcement Authority or Court
(city, county, state and zip/country if outside U.S.)

ILLEGAL DRUGS

2. In the last year, have you illegally used any controlled substance or prescription drugs? YES ☐ NO ☐

- You are required to answer the question fully and completely. If you fail to do so, this could be grounds for an adverse action against you.
NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.
- Examples of illegal drugs are: marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.)
- Do not include prescription drugs used legally.
- If you answered "YES," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received. If necessary, provide additional information on a separate sheet and attach it.

Month/Year to Month/Year (MM/YYYY)

Controlled Substance/Drug Used

Number of Times Used

Your first name, middle initial and last name

Your social security number

3. a) In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? YES ☐ NO ☐

- If you answered "YES," provide the date of the initial action and other information requested below.
- Indicate if the judgment or tax lien has been satisfied and the date. Provide additional information on a separate sheet and attach it.

YOUR FINANCIAL RECORD

Month/Year (MM/YYYY)	Type of Action	Name Action Occurred Under	Name of Court or Agency Handling Case (include address, city, state and zip)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. b) Are you now 180 days delinquent on any debt(s)? YES ☐ NO ☐ Include all delinquent indebtedness over 180 days, such as credit cards, loans, child support, etc.

Month/Year (MM/YYYY)	Type of Loan or Obligation	Account Number	Name of Creditor or Obligor (include address, city, state and zip)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. a) In the last 7 years, have you filed all District/State and Federal Tax returns timely? YES ☐ NO ☐
(Note: A return is considered filed timely for this purpose if you filed an authorized and approved extension of time.)

4. b) Have you paid all District/State and Federal taxes timely? YES ☐ NO ☐

If you answered "NO," to 4. a) or 4. b), provide details on a continuation sheet. Specify the tax year, the jurisdiction (DC, Federal, or which state, city or county), the type of tax (income, property, etc.), and the current status. If you answered "NO" because you were legally not required to file, please provide the details.

YOUR TAXES

5. List the places where you have lived, beginning with the most recent and working back 7 years. (Continue on an attachment if needed.)

- All periods must be accounted for in your list.
- Do not use a post office box as an address.
- Include any address when you were attending school if within the 7-year period. Zip Code is required.

Month/Year to Month/Year (MM/YYYY)	Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WHERE YOU HAVE LIVED

6. Has any of the following happened to you in the last 7 years? YES ☐ NO ☐

- Fired from a job;
- Quit a job after being told you would be fired;
- Left a job by mutual agreement following allegations of misconduct;
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reasons under unfavorable circumstances.

If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left; which of the above circumstances was involved (e.g. fired, quit after being told you would be fired, etc.); employer's name and address, including zip code; and reason for action taken.

Month/Year (MM/YYYY)	Employer's Name, Address, City, State and Zip Code	Specify Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR EMPLOYMENT RECORD

7. List your employment activities, beginning with the present and working back 7 years.

- Do not list employments before your 16th birthday.
- List all full-time work, part-time work, self-employment, and all periods of unemployment so that the entire 7-year period is counted for without breaks.

Your first name, middle initial and last name

Your social security number

7. List your employment activities, beginning with the present and working back 7 years. (continued)

- List the business name of your employer, address, including zip code, and telephone number. Include dates employed there, and your supervisor's name.
- If you were self-employed or unemployed, enter this in the Employer's Name block, and provide the name, location, phone number, and business relationship of a person ("verifier") who can verify your self-employment or unemployment.

YOUR EMPLOYMENT ACTIVITIES

Month/Year to (MM/YYYY)	Month/Year (MM/YYYY)	Employer's Name and Address	Street Address of Job (if different than Employer's Address)	Phone Number
Supervisor's Name and Address (if different than Job Location)				Phone Number
Supervisor's Name and Address (if different than Job Location)				Phone Number
Supervisor's Name and Address (if different than Job Location)				Phone Number

8. List your personal references

- List the names, addresses, and telephone numbers of two people who know you well and live in the United States.
- They should be good friends, peers, colleagues, or others whose combined association with you covers as well as possible the last 7 years.
- Do not include your spouse, former spouses, or relatives.

YOUR REFERENCES

Name	Address, City, State and Zip Code	Phone Number	Years Known

Signature, certification, and release of information

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may be grounds for not hiring me, or for firing me after I begin work. I understand that the nature of a false statement on this form or materials submitted with or in support of this form is punishable by criminal penalties pursuant to DC Code **section 22-2405 et. seq.** (2001 Repl).

I understand that any information I give may be investigated as allowed by law or Mayoral order. I authorize any investigator or other duly accredited representative of the District of Columbia conducting my background investigation to obtain any information relating to my activities from individuals, schools, criminal justice agencies, credit bureaus, federal, state and local tax administration authorities, or other source of information.

Signature (Sign in ink)

Date Signed (Month, Day Year)

